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A PLEA FOR MORE JUDGMENT IN CORRECTING UTERINE DISPLACEMENTS*

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Century.

I come to you, not with a new subject, but with one over which there seems to be much confusion as to indications for treatment as well as what kinds of treatment to apply.

It has been the custom in the past, by most writers, to regard all displacements, particularly retro-displacements, as pathological, and some kind of treatment instituted.

There is general agreement that there does exist congenital retro-displacements, but few have attempted to formulate rules for their determination. The rules formulated by most of them are inapplicable to multiparous patients. However, there is one exception, and that is Sturmdorf.

A few quotations will give an idea of what most authors think of displacements.

Operative Theropeusis—JOHNSON: "There is no doubt that many women have displacements of the uterus for long periods of time without unpleasant symptoms, but, as a rule, such displacements, if constant, eventually bring about changes in the circulation and function of the uterus, or disturbance of function in neighboring organs that cause them to seek relief; therefore, treatment of any form of uterine displacement depends not only upon a carful study of causes of the displacement, but upon a clear conception of the forces that maintain the uterus in its normal position."

CROSSEN—in his usual careful manner—Operative Gynecology—says: "There are good reasons for the present confusion. The subject is comparatively new. Certain factors in uterine support are not yet fully understood in physiologic conditions, and much less in pathologic conditions. There are, in most cases, associated lesions, the importance of which in the clinical picture have only in recent years begun to be appreciated."

PRIOR mentions three cases of congenital retro-versions in 4000 examinations. He further says: "Retro-position of the uterus is any position posterior to the normal, but does not always constitute a diseased state. My view is that not so much the displacement as the accompanying or causative lesions produce the symptoms."

GILLIAM, in his Practical Gynecology, says: "There is no absolute fixed position of the uterus which may be denominated normal. The loss of integrity of the pelvic floor is by far the most potent factor in the causation of downward displacements of the uterus, and a contributory cause of the backward displacements. Occasionally, though rarely, a prolapse may occur in the multiparous woman, or even in the virgin. In such cases it will usually be found that a pelvic deformity exists, the sacrum being too straight and the vagina and uterus approximately in line. This, coupled with absence of muscular development, offers conditions favorable to descent."

These quotations are enough to show the general trend of opinion.

Most authors regard the normal position of the uterus as being corpus forward on the bladder, and when the latter is empty, the position is one on a level or just below the superior edge of the symphisis pubis, with the cervix pointing backward towards the last sacral vertebra.

The question of why it keeps this position is too great to be discussed in a short paper. However, I will say this, that the uterus is maintained in its position by the same forces that keep the other abdominal and pelvic viscera in position, and is subject to the same variations incident to abnormal development, muscular weakness and neighboring trauma. The one exception is that it is placed at the bottom of the abdomino-pelvic cavity, and is subjected to the overhanging weight of the other organs so far as the force of gravitation is operative within a closed cavity. The inclination of the pelvis, no doubt, is operative in deflecting the forces forward.

Levator lascerations disturb this balance by letting the posterior pole (cervix) drop downwards and forwards, which finally causes the anterior pole to fall backwards. It is evident, therefore, that correction of uncomplicated ac-

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quired discenso-retro-displacement is repair of the levator ani muscle.

The main object of this paper is to try to formulate some rules by which we can determine the operative from the non-operative treatment of retro-displacements.

STURMDORF estimates that 18% of gynecologic patients present a retro-displaced uterus.

BARBOUR and WATSON, as quoted by Sturmdorf, estimate one-fifth of these as congenital. As their method for coming to this conclusion is very uncertain, I think we may disregard it entirely.

Sturmdorf has a rule based on skeletal poise, which I have followed for ten years, and have verified it almost daily, and which, so far as I am concerned, is correct. This is based on the depth of the lumbar curve. The patient is instructed to stand in a comfortable and normal position, and a desk ruler or some straight-edge instrument is placed so as to span the highest points of the dorsal and sacral spine, and the deepest portion of the lumbar curve is measured. This he calls the sacro-vertebral angle, or index, and is a measure of the pelvic dip. This factor was recognized by Gilliam, as shown in quotations above, but it was evidently not clear enough in his mind for him to formulate rules for its measurement.

Sturmdorf has made enough observations that he is able to formulate the following rule: "An index of 30 millimeters marks the extreme minimum compatible with normal ante-version of the uterus. *From 25 millimeters down, the existence of congenital retro-version may be positively predicated in nearly every case prior to its bimanual verification, and this regardless of multiparity and the other complicating factors that obliterate the differentiating criteria formulated by Barbour and Watson.*"

Barbour and Watson regard congenital retro-displacements as those where the uterus measures 2½ inches by sound, without history of inflamation or other cause, or, when replaced, shows a tendency to return. This applies to women who have not borne children. So far as I know, they do not attempt to differentiate this condition in multiparæ.

STURMDORF, according to the above rules, finds over half of the retro-displacements belonging to the congenital type, and require no treatment for the retro-displacement. Barring complications, he does not regard these as needing treatment directed to their uterus, but thinks it purely an orthopedic question.

Granting the correctness of Sturmdorf's findings, how are we to proceed in our investigations relative to the other 9% ?

The condition of the pelvic floor should be determined, and the presence or absence of rectocele or cystocele observed. If there is retro-displacement it must be noticed whether it is a version or flexion. Enlargement of the uterus and edema of its posterior wall as well as complicating inflamations and adhesions looked for. The degree of descensus and the presence of inflamation of the adnexa must be determined. If the adnexa are inflamed, is it acute, sub-acute, or chronic? The general condition of the patient must not be overlooked. Weak and flabby muscles often indicate a general viceroptosis. Care should be taken to ascertain if the symptoms of which the patient complains can be honestly attributed to the genital tract, and in particular to the retro-displacement. It is necessary to make a close study of the whole menstrual and sexual life of the patient in order to properly evaluate her symptoms.

If the above data is obtained with an open mind, one will be able to group his patients into: Those needing no treatment directed to the genital tract; those needing only local medical treatment; those needing local medical treatment to reduce the size of the uterus, followed later by repair of the perineum; those needing prolonged general and local treatment, followed by repair of the perineum and whatever intra-abdominal work is necessary, and anchoring the uterus forward in any way that seems best. My own experience, and the observation of the work of others, lead me to think that we are too impatient and often rush into surgery before the patient has been properly prepared, with the result that we fail to relieve the patient completely, or if more time had been given to local and general treatment, no operation would have been necessary. I do not think it ever justifiable to do any of the intra-abdominal operations for bringing the uterus forward where there is free mobility and no enlargement and the adnexa are not involved. If the perineum needs repair, do this, but have the courage to stay out of the abdomen.

In the congenital type of displacement, do whatever is necessary, but do not disturb the displacement. One should never tell a woman she has a displacement without instructing her

as to its significance, otherwise you may make a well woman sick.

In the anterior positions there is practically never any indication for surgical treatment. The lateral deviations should have the cause removed, such as inflamed tubes and ovaries, and adhesions the result of these. The treatment of descensus is the treatment for retro-version, except in extreme cases where more radical measures should be used.

SUMMARY

Differentiate the congenital from the acquired displacements, and do not treat the displacements in the former. Prepare your patient by local and other treatment before attempting surgery, otherwise you may fail to relieve the patient. Have the courage to stay the hand unless you are sure that an operation is indicated. Do not make well women sick by discussing their genital displacements unless you are sure of their significance.

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DISCUSSION

Dr. W. M. Rowlett, Tampa:

I have enjoyed this paper of Dr. Turberville very much. It contains some wholesome advice if we live up to it. Displacements are conditions that most of us meet up with daily. I do not believe that our gynecological cases have prospered so nicely during the past two or three decades, in that stage which might be termed "experimental gynecological surgery", and I am convinced that a great many of these patients would have been better off if there had been no surgical interference.

To thoroughly appreciate what constitutes a displacement we first should become acquainted as to what the normal condition of the uterus is. It lies in practically a horizontal position to the body while standing. As you know, the anterior surface rests upon the bladder and is held there by the ligaments and musculature (the doctor omitting details, as it covered too much space). The ligaments and intra-abdominal pressure is what sustains the uterus in its normal position, which is slightly anteflexed, and unless there is some congenital condition, such as tumors, adhesions, or a condition that has produced a large boggy uterus—and your patient has been kept on her back too long during illness—we are not apt to have a retro-version. I believe, most of the cases of retro-version that have been produced were due to faulty technique on the part of the Obstetricians in keeping their patients too long in the dorsal position after parturition. It is well to have these patients, in twelve hours, moved from one side to the other, and after four or five days to have them lie on their abdomen for twenty to thirty minutes daily in order to prevent the large heavy uterus from falling back into the cul-de-sac and remaining there long enough to produce a stretched ligament, which loses its tautness and later results in retro-version—which also is apt to produce the so-called "one child sterility". This is a condition that every Obstetrician should guard against. The various operations for displacements I don't think should be attempted unless we are positive of our etiology or an existence of pathological conditions.

Dr. D. E. Edwards, Orlando:

I agree most heartily with Dr. Turberville and with Dr. Rowlett's remarks.

The title of the paper brings to my mind a phrase that I once read. Farmer Broadacre, talking to some neighbors, said of the local barrister, "and he, by canny judgment, is becoming master of us all". Now, that holds true today

as it did in the time when that story was set, and it holds as true for the doctor as for the lawyer.

The person who, by his knowledge and judgment, gets results is going to be the leading man in the profession. As I look back, year after year, and my practice has increased and I have the proper retrospect, I feel that it is not necessarily the canny judgment, but it is often the uncanny judgment which designates the diagnosis and proper treatment in cases of uterine displacement.

You know, we have two great primary instincts in the animal kingdom, that of self-preservation and that of reproduction of species. You can readily see that without sexual desire the human race would very rapidly disappear from the face of the earth. Now, take the female who has begun to run down and is becoming more and more neurotic. If she has been told that she has female disorders, she will immediately assign the whole train of symptoms, vague and active, to this displacement, although the displacement may have been there for ten to twenty years and the disorder of only two or three months' duration, and she will want treatment immediately for the displacement, and almost demand it, at times. That is, the primary instinct is there. She may not always know, of course, but she feels she is not normal, and that subconscious instinct and desire is there, and she wants to be made a normal woman—a perfect female.

CONCLUSION

Dr. J. S. Turberville, Century:

I have nothing more to say. It was just a mere sketch of the whole question—this subject would take a great big paper. I am much obliged to these gentlemen for their discussions.

The main reason for this being in my mind is that I have seen a good many post-operative cases appear with symptoms continuing after surgery. I think a lot of this kind of work is being done. I just want to sound a note of warning. I have a patient referred once in a while and find that the doctor has stressed a great deal the displacement. Lots of times, in my opinion, the displacement has existed for years, as one speaker has just said, and the disorders have nothing to do with the present symptoms. But it is on their mind. We should be very careful about telling people what we think unless we know what we are talking about.

THE STATE BOARD OF HEALTH, ITS ANATOMY AND PHYSIOLOGY*

B. L. Arms, M.D.,
State Health Officer,
Jacksonville.

In deciding on the subject to take for this paper, it seemed wise to consider our organization from two angles—its make-up and function.

In the early days of the State Board the anatomy was comparatively simple, but with the advance of our knowledge of preventive medicine this has grown more complex as has the function as well.

The State Board of Health consists of "three discreet citizens of the State" who are appointed by the Governor and confirmed by the Senate. The law directs that at the first meeting of the Board they shall elect one of their number president, and at the same meeting they shall "designate and employ a physician * * * which said physician shall be known as the State Health Officer." The State Health Officer is made Executive Officer and Secretary of the Board.

At present we have five bureaus and administration, and they will be discussed in the order of their addition.

Administration includes the general correspondence and business for the entire department —accounts, records and correspondence of the Orthopedic Department, care of buildings and property and multigraph are grouped here. Each Saturday morning we have a conference at which all bureau directors are present if they are at headquarters, but if absent, the bureau is represented by someone designated by the director, and all matters of interest are freely discussed. In this way all are familiar with what each bureau is doing and the work is coordinated as it could be in no other way.

The Bureau of Laboratories was the first separate division and now consists of the central laboratory at Jacksonville and branch laboratories at Tampa, Pensacola, Miami and Tallahassee.

The laboratories examine specimens to assist in the diagnosis and control of any disease or condition of a bacteriological, serological or parasitic nature dangerous to the public health.

The laboratories send containers for the various examinations on request, and any physician can secure this free service at any time. The

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central laboratory at Jacksonville is also the main distributing point for the biologics furnished by the State Board of Health, consisting of diphtheria antitoxin for therapeutic use, toxin antitoxin, Schick test material, tetanus antitoxin for both prophylactic and therapeutic use, vaccine virus, typhoid vaccine and antimeningococcus serum. These are furnished free to all.

In addition to the above, antirabic treatments are furnished from the Jacksonville laboratory at cost for any human bitten by a rabid or supposedly rabid animal, and if the physician certifies that the case is indigent and that he is receiving no pay for the administration, this, too, is free.

In order that diphtheria antitoxin may be easily and quickly secured, certain drug stores, centrally located, have been designated as antitoxin stations, and at these stations a small amount of diphtheria antitoxin and typhoid vaccine is kept. NO OTHER STATE BIOLOGICS CAN BE SECURED FROM THESE STATIONS.

The Bureau of Vital Statistics began its work by collecting certificates of deaths and births, but not until 1919 did they have sufficiently complete reports to entitle Florida to a place in the Registration Area For Deaths, and in 1924 the State was included in the Registration Area For Births.

This bureau is really our bookkeeping department, not for financial records, but is the place where we can find if we are doing effective work, and the name for the work of the department, as given by the late Dr. J. N. Hurty, of Indiana, "The Bookkeeping of Humanity," is in line with its function. The work has grown immensely. For instance, one worker is kept busy all the time making certified copies of birth and death certificates. Birth and death certificates and reports of sickness are received and we are kept informed of health conditions in all parts of the State by means of these reports and certificates.

There is no section of the State that does not call on this bureau for some kind of assistance, and the full value of the records depends largely on you.

Some of you are cooperating fully with us to make our records of value, but, I regret to say, some of you do not report your cases as required. We ask the cooperation of all.

The birth and death records are bound and indexed and thus are available for immediate use. Each certificate of death from a reportable disease is checked, and when no report of the case is found the physician signing the death certificate is asked for that report. Don't take it for granted that someone else has reported a case, as it may save embarrassment to you later if you report all notifiable cases when they come to your attention. If the case has previously been reported, your report will be marked "duplicate" and you are safe.

The Orthopedic Department cares for indigent crippled children to the extent of its appropriation, but much more could be done if we had more funds. At present we have a waiting list that will take at least six months to reach the last in order.

In order to extend the work as much as possible, parents are expected to meet whatever part of the expense they can and every patient must have his fare paid to and from Jacksonville.

The Bureau of Communicable Diseases is really a continuation of Assistant State Health Officers and Agents of the State Board. The Medical Officers investigate outbreaks of disease and reported outbreaks, conduct campaigns of immunization, assist communities to prevent disease, assist in formation of health units, assist in examination of school children, conduct or assist in health educational campaigns in communities, etc. One may be vaccinating against smallpox in a community today, tomorrow taking swabs at a school where there has been a case of diphtheria, and explaining that it is no longer necessary for a child to have diphtheria and that they will gladly immunize all that present a request from their parents, or they can get the immunization from their own physician, and the next day he may be somewhere else and doing some other kind of health work. This bureau, in cooperation with the United States Public Health Service, also directs the venereal disease control for the State.

The Bureau of Sanitary Engineering, as the name indicates, has the supervision of water supplies and sewage disposal, general sanitation, inspection of tourist camp sites and certification of same with periodic inspection to see that the rules of the State Board of Health governing the conduct of tourist camps are observed, investigation of nuisances, investigation of mosquito-breeding areas, examination of water, certification of water for common carriers, examination of water bottling plants and certification of same, approval of plans for water supplies, sewer systems and swimming pools, supervision of the sanitation of shellfish areas and packing houses, sanitation of

dairies, markets, schools, jails and other public buildings. Quite a list of duties, but this is not a complete list of what they do.

The Bureau of Child Hygiene and Public Health Nursing reaches the rural homes and schools, and the nurses are doing a great deal by conducting pre-school and infant conferences to assist the mothers that the next generation may not show as great a percentage of defects as was found at the time of our entrance into the World War.

Neighborhood institutes are held and prospective mothers are shown how they can prepare for the advent by using what they have at hand with very few and inexpensive additions. The pupils at the one and two-teacher schools are inspected, and those pupils that show defects are advised to go to their family physician; hookworm campaigns are conducted in cooperation with the local people, for it is only when the local people are interested that we can really secure results. The midwives are seen periodically and a course of instruction is given and an examination is required. Since this was adopted the number has been reduced 41%. After passing the examination a certificate is granted, and this automatically expires December 31, and must be renewed annually following another examination if they wish to continue the work; it is recallable at any time for cause.

Conferences are arranged with various groups and health habits are stressed.

The great influx of tourists and the large number of people living in the camps made necessary the innovation of having nurses whose sole duty it was to visit these camps to aid the mothers and children who were many of them living under new conditions, hence needing guidance. This pioneer work has been valuable to the State and has been of great assistance to many of our visitors and prospective citizens.

While I realize that the foregoing has been sketchy, it is impossible to give complete detail in the time allowed, but the major functions of each department have been mentioned.

Each one of you is one of our employers, and it is our aim to serve you to the limit.

Some of you have visited your State Board of Health, for you must remember that it is your Board and we wish that every one of you would make us a visit and see what we are doing, how our records are kept, and let us know how we can give you better service.

Additional Scraps From Memory's Storehouse of Sanitary Deeds in Florida During the Past Half Century*

JOSEPH Y. PORTER, M.D.,
Former State Health Officer of Florida,
1889 - 1917

(Supplement)

It will be remembered by those who were present at the meeting of the Florida Medical Association at St. Petersburg in 1925, that it was remarked, at the time when "Looking Backward Over Health Work in Florida for the Past Fifty Years" was read, that, with no records at hand to consult conveniently—the writer having relied entirely upon memory for arranging the events of this narrative in proper sequence—it was most difficult to tell in exact chronological order the various happenings in any line of endeavor for so lengthy a period. Memory, at best, is capricious, and many important events bearing upon a life-history connected with the development of a community or state may have thus been overlooked, not intentionally, but inadvertently, through amassing so great a wealth of material at one telling.

It is due, therefore, to this fickleness of mem-

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EDITOR'S NOTE—*This paper supplements a serial article entitled "Looking Backward Over Fifty Years of Health Work in Florida", appearing in the Florida Medical Journal for the months of July, August, September, October, November, December, 1925, and January, 1926.*

ory that the writer omitted to mention other important subjects which are now recalled and have a direct bearing and influence upon health work in Florida. It is on that account that he desires to append this additional "memory scrap" to his first effort at recording health history in the state, in order that proper acknowledgment may be made to an organization whose influence and cooperation with the Florida State Board of Health was of inestimable benefit to its officials in its early days of health activity, although coming into active work in quarantine and domestic matters some years after the State Board of Health was organized. The U. S. Public Health Service, in rendering efficient aid and friendly assistance to state health authorities, has performed a real service to Florida, and due appreciation of this splendid spirit of cooperation should be expressed in this memoir.

The other omissions concerned the establishment of a Veterinary Division in the State Board of Health activities, and the inception and inauguration of corrective surgical treatment for indigent crippled children of the state as an activity, carried on under the auspices of the State Board of Health, which afforded succor to those handicapped by misshapen arms, legs, or bodies, and is still instrumental in transforming many a twisted little frame and contorted face into a semblance of what should be its normal appearance.

Florida has and still is passing through a wonderful change, not only in its topography but in its type of settlers, and so, expanding physically and financially, is undergoing a transformation almost kaleidoscopic in its swiftness; thus happenings of by-gone days seem unduly vague and distant by virtue of its tremendous stride toward progressive and enlightened living conditions. Yet it is hoped that these omissions in the narrative given to the Medical Association in 1925, at St. Petersburg, may be none the less interesting in that they typify the indomitable spirit that has caused Florida to forge ahead to better health conditions, contributing in no little measure to its present healthfulness and prosperity, and that the notebook of "Memory Scraps" may be permitted to be opened again to jot down additional facts, since they have had so potent an influence upon the pioneer days of health activity and are really worth mentioning.

With this explanatory premise and apology for forgetfulness, memory's "scrapbook" of happenings during half a century in health work in Florida is unclasped to permit a few otherwise blank pages to record events equally important for historical reference as those that have been hitherto noted.

The older citizens of the country will recall that in the early days of the Republic the general police powers of the states were scrupulously guarded by the advocates of "State's Rights", and laws and regulations pertaining to the protection of property, life and health were so carefully constructed that the conditions of each, according to environment, were duly observed, for "States' Rights" had been, at the initial stages of the Union, an especial political factor.

As far as can be learned, the first mention of Federal assistance to the States was in 1796, when Congress authorized the President of the United States to "direct officers of the Revenue Cutter Service to aid and assist in the execution of maritime quarantine laws of the sections of the Union bordering on the coast of the United States as well as to cooperate in the enforcement of the health laws of the States themselves." At that period in the history of the Republic, the Revenue Cutter Service antedated the organization of the Navy.

It was not until 1878 that Congress passed an Act creating a National Board of Health, which was short-lived, only functioning until 1883, when its activity and usefulness ceased through the failure of Congress to appropriate funds for its further maintenance.

The next attempt made by the Federal Government to assist the States in the health management of their affairs was later, in 1878, when Congress "imposed additional duties on the Marine Hospital Service" in the matter of interstate quarantine restrictions whenever dangerously epidemic diseases existed within a state, to prevent transmitting such diseases from one state to another by transportation line of passenger travel. This date was given in an address by Dr. John F. Anderson (who was at that time a surgeon in the Public Health Service) which he made before the Massachusetts Association of Boards of Health in Boston, in 1913. Dr. Anderson names this Act as "the first permanent quarantine Act passed by Congress". The States, through Congress, then had not acceded to the persistent demand of a central government and an encroachment on the principle of

"States' Rights", and did not very willingly assent to measures which might be developed into further trespass upon the inherent and sovereign powers of the States in regulating and controlling their own domestic affairs.

The disastrous epidemic of yellow fever in the southwestern States, which occurred at the period above referred to (1878), seemed to make necessary some statutory governmental regulation by which destructive contagious diseases occurring in one state should be excluded from transmission to another. This resulted in the invocation of Constitutional authority regulating commerce between the States, and Congress set out to perform what the States seemingly had only a partial ability to execute. Again, in 1893, when the widespread prevalence of cholera in Europe caused alarm in this country, Congress, through its Committees, made special inquiry regarding the health laws of sea-coast States' quarantine restrictions to prevent an entrance of this menace into this country, which might be amply sufficient, also, and to consider the advisability of further laws which should be enacted to protect citizens of this country against the possibility of cholera visitation.

One of these investigating Committees, with Senator Proctor of Vermont as Chairman, assisted by Senator Call of Florida, paid a visit to Cuba to ascertain whether there was a likelihood of cholera being introduced into the United States through Havana or any other sea-coast city of Cuba. At the request of Senator Call, the State Health Officer of Florida joined the Committee at Key West, accompanying them to Havana and participating in the deliberation held there.

The Act of Congress of February 15th, 1893, was broad in its application of quarantine methods, and placed additional duties of a maritime character on the Marine Hospital Service, then known as the Public Health and Marine Hospital Service. Reference to these regulations were made in a former treatise, in 1912, the name of the service was again changed to the Public Health Service of the United States, which title it still retains. It may not be irrelevant at this time to say that a resolution proposing this change of name and suggesting a general reorganization of the divisions of the bureau, was proposed by the representative of the State Board of Health of Florida at the meeting of the state and provincial boards of health in Washington in 1910. Again reference may be made to the former "recollections" presented in 1925 of the part played by the Florida State Board of Health in the formation of additional United States Rules and Regulations of Quarantine Management by the Public Health and Marine Hospital Bureau, of which Committee the late Surgeon Henry R. Carter was Chairman, immediately following the passage of the quarantine act of February 15th, 1893. It is pleasing to say to the physicians of Florida that a hidden compliment to Florida was given when these regulations were framed and printed by the adoption of many of the cardinal principles of maritime sanitation of the Florida State Board of Health, and which were incorporated into the U. S. Quarantine Regulations at this time; a comparison of the two amply satisfies this assertion.

The above facts are called to the attention of Florida physicians as indicating the small amount of assistance given by Federal Government prior to 1893.

The history of the United States Public Health Service, from its creation in 1871 to its present high standard of public health work, has been told by Dr. John F. Anderson when a member of the corps of medical officers of the service, and also by other medical men of the service in various monographs and addresses; the history of a service which has at all times reflected marked honor and credit upon itself and the country. Realizing, always, the limit of federal power authorized when functioning within the states, this fine corps of officers, scholarly and professionally trained, have given without ostentation, a cooperative hand of assistance whenever asked to help, in a professional capacity, or to assist in allaying fear, or acting as sanitary "peace officers". This was especially true, as far as Florida is concerned, between the years 1889 and 1917, when the writer had experience, by personal contact, in the incidents which are referred to. Doubtless, the same pleasant associations have been enjoyed by those who have succeeded to the executive office of the State Board of Health.

It is a pleasure to testify by name and to personally thank Dr. Robert Blue, the present living ex-Surgeon-General of the Public Health Service, the now executive Surgeon-General, Hugh S. Cumming, and to likewise pay tribute to the memory of Dr. John B. Hamilton and Walter Wyman, deceased, with an expression of high

regard for Drs. Robert Murray, Henry R. Carter and Joseph H. White, for the cordial and willing cooperation given, at all times, to requests made upon the service by the State Board of Health in matters of public health and sanitation which affected Florida. They made possible professional and financial assistance by efficient personal help when difficulties surrounded the State Board of Health in acquiring that speedy and prompt action so necessary in emergencies, yet momentarily embarrassing to the State to provide for upon short notice. To the heads of the different divisions of quarantine and other administrations, Drs. Glennan, White, Cofer, Anderson, Creel, Rosenau, and many others, whom to try to single out by name would be unfair to those unrecalled at this moment of writing, the grateful thanks of the writer is expressed. While this passage is being written, many delightful incidents of splendid cooperation and friendliness are recalled: consultations on quarantine matters pertaining to methods of improving the efficiency of the quarantine system in Florida, and to other moments of professional companionship which will always be happily remembered.

With but little of the spirit of arbitrary assumption of superior medical knowledge, these scholarly men, whenever detailed to assist in correcting sanitary troubles in Florida, were always welcomed with a genuine hospitality by the authorities of the Florida State Board of Health, and due appreciation of their services.

In the early 90s, an attempt was made to revive a National Board of Health by soliciting Congress to provide for a Department of Health with an executive secretary in the President's Cabinet of Councillors. Senator Owen, of Oklahoma, introduced the measure proposing to create a Department of Health, which was championed by some of the leading Medical Journals, Medical Societies, and individual medical men of the country. The idea seemed to be to wrest from the Marine Hospital Service the function of sanitary activity in preventive medicine, as nationally exercized by that Service, and center such energy for public health in a Cabinet appointment. The Florida Health Department thoroughly studied the situation, the practicability of operating under our form of government, and the possibility of accomplishing any greater degree of national sanitation than was then being carried on under the direction of the Public Health and Marine Hospital Bureau, which was in reality a Department of Health, although not so specifically titled. The views of the Executive Office of the State Board of Health of Florida were clearly and concisely set forth in the following article taken from "Health Notes" of August, 1911, a publication of the State Board of Health, which presented to the citizens of the State a monthly inventory of health and sanitary matters occurring each thirty days:*

"A PUBLIC HEALTH DEPARTMENT! IS IT ESSENTIAL TO PROGRESSIVE HEALTH MANAGEMENT?

"Much has been said of late about a Federal Health Department. The 'Notes' has taken little part in the discussion, but it has been busy putting two and two together. Having maintained a conservative attitude, and having been engaged in public health work for many years, and having neither friends to reward nor enemies to punish, and courting no favor, nor fearing criticism within or without the ranks, it may be able to deliver a calm judgment in the premises.

"It was proposed by the advocates for a Public Health Department that all the existing public health agencies should be assembled into one department, with a secretary in the President's Cabinet, which procedure, it is alleged, will prevent duplication of work, make the medical officer in charge independent of a superior, and add to the dignity of the service.

"To the practical legislator there are some well-nigh insurmountable obstacles in the way of a public health department. There is an inherent objection by Congress—representatives of the people—to multiplying cabinet officers, and the necessity must become urgent before it will be seriously considered. And even then the advantages must be poised against the disadvantages; the proposed method against the present one; and then, when the possibilities of the existing method are subtracted from the possibilities of the proposed, it is only what is left that the practical legislator will consider of any vital importance.

"When that subtraction is made there isn't much left, is there? A department would have no more power than a bureau to enter a State. The Department of Agriculture, for instance, in the control of diseases of domestic animals, can

*NOTE—Argument submitted by Dr. Hiram Byrd, then Assistant State Health Officer, now residing at Bradenton, Fla.

only exercise independent jurisdiction along the State lines and in an interstate authority; so can the Bureau of Public Health and Marine Hospital Service in the control of human diseases. Indeed, it is a universally recognized principle of our government that the police powers are reserved to the State and cannot be encroached upon by the Federal Government, and that the sanitation of a State is a part of the policing of it.

"An assembling of the several public health agencies simply means transferring certain bureaus, and parts of bureaus, from one department to another: the Bureau of Vital Statistics from the Department of Commerce and Labor to the Department of Public Health; a part of the Bureau of Animal Industry and of the Bureau of Chemistry from the Agricultural Department to the Department of Public Health, and the Bureau of U. S. P. H. and M. H. Service from the Treasury Department to the Department of Public Health.

"This assembling of the several public health agencies into one department is impossible, for the Army Medical Service will still be the Army Medical Service and will be unaffected by such an exchange; and the Navy Medical Service will still be the Navy Medical Service and will be unaffected by it. The actual assembling will be the transferring of the Bureau of Vital Statistics from the Department of Commerce and Labor to the proposed Department of Health; and the similar transfer of parts of the Bureau of Animal Industry and of the Bureau of Chemistry to the proposed Department of Public Health; and something done—Lord knows what—to the Bureau of Public Health and Marine Hospital Service, wherein it will be transferred from the Treasury Department to the proposed Department of Health and made over into a department with a new head and whatever else the fortunes of politics might make.

"It has not been shown just what advantages would be derived from such transfers of bureaus. Nor, for that matter, has it been shown that any advantage would be derived therefrom. For example, what advantage would be derived from transferring the Bureau of Vital Statistics from one department to another, where it would still be a bureau? Or a part of the Bureau of Animal Industry? Or a part of the Bureau of Chemistry? Or the Bureau of P. H. and M. H. Service, where it would be absorbed, more or less disorganized, and reorganized by, if not a less capable director, at least one that is less familiar with the needs of the service? The practical legislator must be shown the advantages of such changes before he will seriously consider them.

"The second argument advanced by the advocates of a department, is that it will prevent a duplication of service. The practical legislator will say that sounds good, but he will want to know where there is a duplication. That the Bureau of Animal Industry has a laboratory, and that the Marine Hospital Service has a laboratory does not say that there is a duplication of service. Indeed, such bureaus have several laboratories, but it has not come to our notice that any two of them are doing the same work. The legislator will need to be shown; he will not take it on faith.

"That a department will lend an added dignity to the Public Health Service no one will deny, but that dignity will make for better health will also have to be shown. And until the advocates of the measure can show to the satisfaction of Congress that there will be some distinct gain in efficiency by transferring these several bureaus from one department to another; and that such transfer will make for economy by preventing a duplication of work; and that the added dignity of a department over a bureau will make for efficient service; one or all of these; they are going to have an uphill pull trying to convince Congress of the wisdom of tearing down an efficient system already in vogue and building up an untried one in its place.

"And the weakness of the claimants for a department will be all the more apparent when we come to consider some fundamental objections to it, all of which have got to be more neutralized by the advantages of the proposed system before the legislator can show even a reasonable excuse for the change.

"One of the fundamental objections is found in the fact that it is not in keeping with our principles of government to limit the President in the selection of the members of his Cabinet. He is, therefore, free to choose for the secretary of the proposed department whomever he sees fit. And with the hundred and one quasi-medical medical creeds extant in the United States, all enjoying pretty much the same liberties that the hundred and one religious creeds enjoy, it is a matter of considerable chance which creed

might enjoy the distinction of being represented in the Cabinet. For it is to be remembered that we are legislating not for the present generation alone, but for generations yet unborn.

"This pitfall can't be escaped simply by providing that the Assistant Secretary of the Department be a medical man, etc., for that defeats the original purpose of the act, which is to get a medical man in the Cabinet, so that he won't have to go through a superior officer to make recommendations. Or to say it another way, as it stands now, the medical man at the head of the public health bureau has a superior officer, the Secretary of the Treasury, between him and the Cabinet. As it would stand then, the medical man (known in this instance as the Assistant) would still have a superior officer, the Secretary of Health, between him and the Cabinet. A veritable case of 'Tweedledum and Tweedledee'.

"There is still another obstacle connected with these hundred and one several cults, 'isms', schisms and creeds. It might be illustrated by the capital situation in Florida. The capital is located at Tallahassee; Jacksonville, Gainesville, St. Augustine, Ocala, Pensacola and, probably, a hundred other places would like to have it. Every little while one makes a pull for it. Whenever it does, it doesn't get the support of any of the other aspirants, because they all see their ultimate hope vanish with the removal from where it is. And this explains the existence of the organization known as the Medical Freedom League—an organization made up of quasi-medical creeds, cults, 'isms', schisms, all to oppose the creation of a department of public health.

"Now, it is perfectly feasible to have a department of health in Cuba. There the sciences are all under the University of Havana. Nothing scientific is recognized that does not have the stamp of approval of the University. This does away with the complication arising from a multiplicity of cults, and withal is an admirable system. But Cuba, it is to be remembered, is in a class to itself in public health affairs. A combination of circumstances not to be found elsewhere in a republican form of government has resulted in a public health department, the efficiency of which is just as rare. This combination, among other things, makes a department both feasible and necessary. But in Europe it is quite different. The two leading monarchical and the two leading republican governments have the public health organization subordinated to some other department of the government, just as it is in the United States at present. To be perfectly frank, it is not apparent to us just wherein a department would have any higher coefficient of efficiency than a bureau. A department would have no more power to enter a State than a bureau has; could do no more to prevent the introduction of epidemic disease from abroad than a bureau can; could do no more to control or eradicate epidemic disease, once it gets established in the country, than a bureau can; could institute no new line of research that a bureau can't; could command no better administrative ability than a bureau can. In a word, a department could no more possess a greater authority, no higher scientific attainments, and no better administrative ability than a bureau, and

'All the rest is leather or prunella'.

"One of the arguments that has been advanced in favor of a department is it ought to be a model for the State public health departments. What States, pray? Certainly not those that already have efficient organizations, for they need no models. They are capable of discerning their own needs without having a pattern made at Washington. They would not modify their own organizations to conform to a Federal pattern. And this, by the way, includes a great majority of the States at the present time. Public sanitation is developing rapidly in all parts of the country—as rapidly as local conditions will allow—and a department in Washington, even if it were better than a bureau, would not advance the cause.

"It would seem rather presumptuous on the part of the Federal government to create a department for a reason of that kind, for it would seem to imply that the States are not capable of self-government, and while that may be true, it would not be nice for the Federal government to say so.

"If the advocates of the measure feel that they need a model for their own particular States, there are plenty of State organizations that would serve as excellent models, better, in fact, than a Federal department would serve as a State model.

"For these and other reasons, we repeat that we fail to see the advantage to be derived from a department over a bureau, even sufficient to offset the disadvantages of multiplying cabinet

offices, tearing down an efficient bureau of public health and erecting in its stead a more elaborate, untried and, possibly, top-heavy scheme. The better plan would be for Congress to enlarge the functions of the bureau as the needs of the service demand. This would do all that can be done for the public health, and would have all the advantages of the department without the fuss and feathers."

It will be understood and appreciated from reading the above argument, that the present Constitution of the United States, without amendment, would not permit a complete surrender by the States in their inherent right of self-management in police control of life and health, and, therefore, a National Health Department would have no more authority to function within the boundary lines of a State, without consent of the State, than then existed under the administration of the Bureau of Public Health operating under the direction of the Secretary of the Treasury. Cooperation of the States in management of health affairs was all that could be effected under any Department of Public Health, and that cooperation has not been withheld under the existing conditions.

As far as can be learned, and as was mentioned, the nations of the world, those of Europe and others, with the exception of Cuba, controlled their health and sanitary activities as one detail under a branch of government such as State or Treasury.

In the article quoted, special attention was called to the situation in Cuba as being peculiar, and admitting of a separate department. The medical department of the University of Havana controls the practice of medicine on the Island of Cuba, and therefore there are no "cults" of so-called medicine to deal with or to rise up in opposition to orthodox teachings in sanitary science. For instance, in the United States, with its thousands of supposed "healers" and individuals setting themselves up as dispensers of "cures", a Department of Health, supervised by an appointee of the President as a Cabinet Officer, may be in thorough unison with the views of the President, who could easily belong to a "cult" of the "healer" type. Such an appointee would work great confusion and hindrance in administrating efficiently the affairs of the National Organization, and with no little hazard to life and health during his incumbency.

The possibility of such a contingency arising quickly became apparent to those who gave thought to the subject, and after failure to have the Senate Committee favorably consider the proposition, the demand for a Department of Health passed into the discard of unreasonable suggestions and probably has been forgotten. Then it was that the advocates of extended betterment of the public health of the country made concerted efforts upon Congress to impress that thoughtful body of men with a necessity for giving the Public Health Service every logical authority that might be needed in exercising effective control over prevention of disease epidemics into the country from outside sources, as well as to adopt such measures in the interest of improved health conditions in the domestic territory of our own Republic as might be wise and feasible.

Whether the part taken by the Florida State Board of Health in directing public sentiment in opposing an impracticable plan because of our form of government, for the printed opinions were broadcast through the mail, and advocating, instead, improvement of the Public Health Service by added facilities through increased appropriations, accomplished anything or not, the fact remains that not long after the failure of the Department of Health proposition in Congress, a resolution was introduced at an annual meeting of the State and Provincial Boards of Health at Washington in 1910, recommending a change of name for the Bureau to the "Public Health Service of the United States", and providing for different activities by designated titles, in this proposed new bureau, Congressional action was taken and the present Public Health Bureau was completely reorganized.

Another of the happenings connected with the health work in Florida during the past fifty years or more, which was overlooked when the first edition of "Health Scraps" was written, was the succor to indigent crippled children of Florida offered by the State Board of Health about 1910. No more beneficient effort could have been conceived, and the surprising results attained justify fully both the effort and expense.

About the year 1906, a young medical man, with his little family, came to Jacksonville, Florida, from the Windy City of the Great Lakes—Chicago. He made his home in Jacksonville, was well-received by the medical profession of

that city, and was successful in his specialty of surgery. One day, when visiting the Executive Office of the State Board of Health on another errand, Dr. Raymond C. Turck, for he it is to whom this incident refers, suggested during the conversation the possibility and feasibility of establishing an orthopœdic ward for indigent crippled children of the State in some of the hospitals of Jacksonville. Dr. Turck offered his services gratuitously if the State Board of Health would provide the ward, with maintenance of nursing and equipment. This offer was gratefully considered by the Executive Officer of the Board, and when presented to the members of the State Board of Health, was likewise approved of and accepted.

A suitable ward with nurses and equipment, all of which was to be paid for from the State Board of Health fund, was secured at St. Luke's Hospital at Jacksonville and immediately received the State's afflicted patients. What this orthopœdic help gave to the indigent crippled children of the State can be learned, better than any description here could recite, if the reports of the State Board of Health to the public of Florida, in the years alluded to, are read and studied. Some of the most marvelous cures were effected, from distorted joints, facial contortions and bodies which seemed impossible to make useful, the skill of Dr. Turck transformed into normal little citizens, and all were pleasing in appearance after having undergone these corrective operations. But this transformation was not done in a day or a week, or even a month, for in some instances it took months to bring about a coordination of bone and muscle, or to transform twisted feet, or to set aright obliquely directed eyes, that crooked paths might be made straight or distorted vision restored to a normal perspective.

Dr. Turck was director of this gratuitous humane work of which he was the originator, and which had been accepted by the State Board of Health from the year of its inception, to 1914, when, unfortunately for the State, the disturbance on the Mexican border in that year inspired Dr. Turck with the spirit of military service, and he became a surgeon of the Florida contingent which served during that episode, engaging in the campaign which was conducted along the Rio Grande that summer. Equally unfortunate in this respect, for Florida, was the occurrence of the World War immediately afterwards, Dr. Turck continuing his military career as a surgeon with the A.E.F. in France, where his record was brilliantly successful, as has been learned with pleasure by all of his former confreres—useful to our country in battle, as his professional surgical services were without equal in time of peace. Fortunately for the indigent crippled children of Florida, Dr. Turck had associated with him in his humane work, before he entered the Army Medical Service, Dr. J. Knox Simpson, also a surgeon of Jacksonville, so when the military fever fired the breast of Dr. Turck his mantle fell on the shoulders of Dr. Simpson who, skillful and likewise generous, gratuitously gave of his knowledge in unstinted time and work to the little afflicted ones of Florida's commonwealth. The writer has pleasant and grateful recollections of the services of these two professional brothers, and thanks them as only a Floridian could and should, for their generous donation of surgical knowledge, skill and devotion to the cause.

The annual reports of the State Board of Health during the years mentioned contain photographs of wonderful cures effected by these gentlemen, the recitals accompanying the photographs give graphic descriptions of deformities when entering the hospital as well as illustrations of curative treatment which followed. Floridians of twenty years ago, attendants at St. Luke's, well remember the appearance of these waifs of the State, with their distorted bodies, disfigured faces and careworn countenances, as they came from home to enter a new environment among strangers, and the sympathy their presence elicited. They may also recall the marked change in physical appearance and happy contented expression of countenance when, after a few months, they returned physically fit to engage in the battle of life, sound in limb and mind. Floridians of today should honor these men with an honor only to be compared and bestowed by Him who said: "Let the little children come unto me, for inasmuch as ye have done it to one of the least of these, my brethren, ye have done it to me". There are many such humane and compassionate medical men in Florida, but whose modest and retiring methods of performing charitable work and God-given help hides their deeds.

An incident connected with the "Crippled Children's Relief" movement in Florida is interesting history. The Legislative session of

1911 was in full swing, and Governor Albert W. Gilchrist was as active and peppy as a new governor usually is. The State Health Officer chanced to drop into the Governor's office one morning to pay his respects, and found him in a moody, distressed frame of mind. In his well-meaning philantrophy, the Governor had drawn inspiration from the work which the State Board of Health was actively engaged in carrying on for the indigent crippled children of Florida, and had drafted a bill providing for a hospital for Crippled Children of the State. It had been introduced as an administrative measure, but—and here the blow fell—the Judiciary Committee of the Senate had turned a deaf ear to the appeal and it was rejected in Committee and reported back to the Senate adversely.

It was then that the Governor sought assistance from the State Board of Health. There was no doubt but that the object of the act as framed by the Governor was a most worthy one, but, like all measures drawn up by persons unfamiliar with the purpose or details of management, it contained impractical provisions which could not be financially effected at that stage of the State's development. The State Health Officer and the Governor carefully canvassed the measure and eliminated conflicting provisions. The bill thus corrected was taken to the Chairman of the Judiciary Committee of the Senate by the State Health Officer, and explained for another consideration. After a consultation with his confreres of the Committee they accepted the amended bill and reported it back favorably—thus the Governor's pet measure was saved through the instrumentality of the Executive of the State Board of Health happening in at a timely moment and by his familiarity with cogent reasons for its enactment. This incident may be said to teach an important lesson in law-seeking authority: Always be certain of what is needed or even thought desirable before asking for it. The measure, after its redraft by the State Health Officer, who revised it to meet actual or existing conditions, was recalled for consideration and passed. It is now one of the beneficiary provisions of the State Board of Health and, as finally enacted, it read:

"HOSPITAL FOR INDIGENT CRIPPLED CHILDREN

"An Act to authorize and Direct the State Board of Health to Establish a Hospital for the Treatment of Indigent Crippled Children and to Provide An Appropriation Therefor.

"Be it enacted by the Legislature of the State of Florida:

"SECTION 1. That the State Board of Health be, and is hereby authorized and directed to establish at some suitable and convenient location in this state a hospital for the treatment of indigent crippled children of this State. In such hospital indigent crippled children of this State shall be received and treated free of charge.

"SECTION 2. That for the purpose of Section 1 hereof the State Board of Health is hereby authorized to purchase a plot of ground with building already erected in its discretion. For such purchase and for the purchase of suitable instruments, apparatus, furniture, fixtures, and other articles necessary for such an institution, the sum of twenty thousand dollars, or so much thereof as may be found necessary, is hereby appropriated, payable from the State Board of Health fund.

"SECTION 3. That for the purpose of maintaining the hospital herein provided for, and of employing such physicians and attendants as are requisite for the amount of the hospital, the sum of ten thousand dollars, or so much thereof as may be necessary, is hereby appropriated, annually for the two years beginning July 1st, 1911, payable from the State Board of Health Fund. Provided that until the number of indigent crippled children, citizens of the State of Florida, shall be sufficient in number to warrant the State Board of Health to erect and maintain an institution of this character and nature, that the State Board of Health is authorized to arrange with any sanitarium or hospital in Florida to care for and treat the indigent crippled and deformed children of the State and to pay for such treatment out of the funds of the State Board of Health, not in excess of the amount appropriated by this Act.

"SECTION 4. This Act shall take effect July 1st, 1911.

"Approved May 30th, 1911."

Before closing this chapter of "recollections" it is recalled that very little was said in "Memory's Scrap History", of why second attacks of yellow fever so very, very seldom occurred or were noticed. As a matter of fact, the writer, in his large and long experience with yellow fever epidemics, has never come across such a recurrence. A laity friend lately asked this question and further inquired why this matter was not touched upon extendedly in the

pamphlet, "Looking Backward over Fifty Years of Health Work in Florida", this feature of yellow fever not having been even casually mentioned. There is nothing to be said or explained, except it is well known that certain zymotic diseases confer immunity to second attacks.

During the epidemic of yellow fever in Key West in 1887, the Monroe County Board of Health observed that adults of many years' residence in Key West did not contract yellow fever, no matter how virulent the disease prevailed. Then it was noticed also that children born after a previous epidemic contracted the disease in succeeding epidemics, suffering only slightly—some scarcely going to bed, merely lounging around as if only mildly indisposed—as a general rule, children were but very lightly sick, and fatalities totalled less than 2% of total juvenile cases; in after years they proved immune to the disease whenever exposed to epidemics of yellow fever. Having experienced an attack in childhood, however light, conferred an after immunity to yellow fever. The matter was of sufficient interest to cause a discussion of this feature of yellow fever with Dr. John Guiteras, a Surgeon of the U. S. Marine Hospital Service, then stationed at Key West, afterwards professor in the University of Havana, Cuba. He, too, had studied this interesting phaze of the disease, and had arrived at the same conclusion as that reached by the Monroe County Board of Health —that one attack of yellow fever conferred an immunity against subsequent exposures, and on the strength of this belief, the county board of health advised parents to record in their family Bibles the date of any "fever" occurring among their children when yellow fever was also prevailing in the city. Professor Guiteras, now deceased, communicated this opinion of immunization to second attacks, which a well-authenticated previous attack conferred, especially in children, to his colleagues in Havana, when he was associated with the University of Havana, for Cuban physicians had an idea that immunity to yellow fever was always acquired through a racial residence in Cuba.

It is not assuming too much when it is said that the Monroe County Board of Health, through a thorough study of the subject of immunity to diseases by previous attacks, was convinced of the important fact that yellow fever came within the purview of scientific quarantine management, and permitted commercial intercourse and passenger travel between Key West and Havana during the summer season, to those passengers who could present indisputable proof of immunity to yellow fever. Thus came, as has been mentioned, the Plant Steamship Line to be established between Florida and Cuba in 1887, and later the merger with the East Coast Steamship Line, now known as the P. & O. Steamship Company, from Florida ports to Havana.

It has always been said, and bears repeating, that it was Florida's Health Board which established an international commercial industry during the summer months between Cuba and Florida (under sanitary conditions) that has proven of such an immense factor and financial benefit to the commonwealth of Florida. A trade between the two countries sprung up which is today valued in many millions of dollars a year in the matter of exports and imports, and the facility of handling in unbroken packages in transit from this country, the bulk of this great commerce has largely contributed to the rapidity and safety of transportation in such an efficient manner as to make for an annually increasing trade between these two countries.

Typifying the unreliability of memory—which has been so frequently alluded to in this writing —in attempting to chronicle salient events in the health history of the State for the past half century, is the failure to mention an innovation in health activities inaugurated in the latter part of the past century, when a Veterinary Department was added to the State Board of Health as one of its important enterprises. This event occurred on October 9th, 1911, shortly after the State Agricultural College, located at Lake City, had been absorbed or amalgamated into the general educational system which the Legislature had provided for when it abolished the state-wide system of schools supported by legislative appropriations. These schools, which were located in various sections of Florida, were but meagerly fulfilling educational purposes, and were accordingly abolished. Dr. Charles W. Dawson was at that time a professor in the Lake City institution, occupying a chair in the Division of Animal Industry. When the State Board of Health determined to include the care of domestic animals within its scope of hygienic work, Dr. Dawson was offered the Directorship of this important division. A graduate from the Department of Regular Medicine at Johns Hopkins University, and also a graduate of a Veterinary College of

Medicine, Dr. Dawson was thoroughly equipped to supervise this work. It is, indeed, a pleasure to the writer to testify concerning the faithful and painstaking manner in which Dr. Dawson attended to the duties of his office, which he held until 1917, when he resigned. He remained in Jacksonville for several years after severing his connection with the State Board of Health, but eventually went West, where he is now residing, being now engaged, so the information comes, in the manufacture of serum used in the treatment of diseases common to lower animals.

Hog cholera prevailed extensively at the time of Dr. Dawson's connection with the State Board of Health, and many valuable herds throughout the State were threatened with this dread disease. It was due to his study and investigations of cholera that the "buzzard" became identified as a potent carrier of the germ, transmitting the disease, through his filthy habit of eating diseased carcasses, vomiting it up and leaving it to be re-eaten by roaming swine. Repulsive as it is to write this statement, it is the true cause of cholera epidemics, and useful knowledge to those interested in Animal Husbandry. Thus the State Board of Health was able to disseminate useful information to owners of swine, preventing destruction to a valuable industry in certain sections of the State.

One of the outstanding achievements of Dr. Dawson's career as Director of the Veterinary Department of the State Board of Health was the introduction of the Pasteur method of hydrophobia prevention, which he succeeded in bringing into general acceptance and practice. This treatment nullifies the effects of a bite from rabid animals, and serum can now be procured, at short notice, from biologic institutes to be administered to patients by local physicians, whereas, at that time, victims of maddened animals had to be taken to a Pasteur Institute in some large city for treatment. Under his administration it was arranged that this serum could be mailed out daily to doctors in need of it, all applications being made through the State Board of Health, who even went so far as to defray the expense of the treatment to indigents who could not afford to pay for it; in this manner, efficient protection against this awful disease was provided to every individual in the State. Only to those who have distressingly witnessed the painfully agonizing convulsions of a patient, mentally conscious while in its throes, is it possible to realize or appreciate the wonderful preventive power that this discovery of Pasteur has effected against hydrophobia. As science has progressed, the number of injections has been decreased by an added potency of the serum at each injection, and the number of days necessary to complete the preventive treatment accordingly lessened. One or two instances have occurred where treatment was refused, the person bitten having claimed that it was unnecessary—and a horrible death has followed; similar fates have happened to those who delayed too long to make the injections effective.

Dr. Dawson was devoted to his dumb friends, as he termed his patients of the lower animal kingdom; when asked why he had deserted the profession of regular therapeutic medicine and abandoned the practice of that higher calling to engage in veterinary work, he replied, "you see, doctor, when I treat these 'dumb friends' of mine, their mouths are closed against any complaints of odious drugs or bitter mixtures; they take what I give them without audible comment, or in questioning me as to 'what am I giving', and one thousand and one other questions regarding their probable element of sickness which it is unnecessary to answer. Yes," he concluded, "it is a much more satisfactory practice than regular medicine"—and probably Dr. Dawson was right, since it is a fact that dumb brutes are universally more grateful than we articulate humans and lick lovingly the hand that succors them.

The inauguration of a Veterinary Division in the State Board of Health's diversified activities proved to be of immense financial advantage to the people of Florida. The stigma of "tick-ridden cattle," which had been attached to the herd and stock-raising industry of this State, was removed, as ticks were removed, and cattle improved, enabling stockmen of Florida to meet the persistent and insistant demand for better dairy herds, beef-cattle and hides free of tick bites, which would obtain prices comparable with those of other states. Dipping vats were established, being formed of concrete-lined excavations with a depth sufficient to assure proper treatment of tick-infested cattle. An arsenical germicidal solution was used, and through this vat the cattle were driven, immersed neck-deep in the solution, which caused the ticks to drop off immediately. Treatment of tick-ridden cattle extended over a period of six weeks, with a dip

in the vat every two weeks, which was sufficient to produce freedom from these parasites.

In this work Dr. Dawson rendered valuable assistance by his writings, talks at Stock Meetings and constant urging of the cattlemen of the State to rid their cattle of ticks, which, as he said, drained the animals' strength, reduced the price of meat as a food commodity, as well as lessened the quality and quantity of milk in the dairy herds. The "Dipping Vat" construction was pushed to the front very rapidly, and although stubborn opposition was encountered, and still prevails in some sections of the State, on the ground that cattle are poisoned and die as a consequence of this "dipping process", yet not many years, and only a few months in some instances, were required to sufficiently demonstrate the soundness of his teaching and advice. Dipping Vats were built in different parts of the State, following the close of 1911, and not only the dairy herds, but meat-cattle as well, soon showed marked improvement, the former in weight and milk production, the latter in quality and quantity of flesh. The Counties of Palm Beach, Broward and Dade accepted the teachings of the State Board of Health, and after obtaining a "clearance" of "no ticks" from both the State and National Agricultural Department, petitioned to be declared "free of ticks". They also asked permission to quarantine against shipments of cattle into their territory unless they were tick-free, which was granted. Through the power to issue such restrictions against tick-infested animals they protected their territory from this parasite.

It is believed that Monroe County, at Key West, was the first in the southern part of the State to construct a "dipping vat" for the destruction of cattle ticks. Mr. Roland Adams, who operated a dairy, was the pioneer of this betterment, and has since been heard to remark that his herd of cattle increased in weight and milk production fully fifty per centum over what had been their former condition. The State Sanitary Live-Stock Association has been of indisputable service to Florida by its instruction to Live-Stock owners in the care of their herds and in carefully guarding the industry from contamination in a protective quarantine rigidly enforced against admission of cattle not properly certified to.

The haze of forgetfulness which accompanies advancing age is oftentimes annoying when trying to recall important occurrences from a mist of indistinct events which bear particularly upon happenings relating to certain developments taking place in the State; important when connected with an improvement to the life of either human or animal. Therefore, as has been so often mentioned in this monograph, with no records at the elbow, an appeal was made to the State Veterinarian, Dr. J. V. Knapp, for corroboration of such statements as memory was decidedly uncertain about. The writer is reminded by an extract from Dr. Knapp's letter, which follows, that Senator Barber of Macclenny, Clay County, was an enthusiast on the subject of "tick-eradication" of cattle, and built the first Dipping Vat.

Dr. Knapp's letter served to pleasurably recall the day when the "vat" was first operated, the gathering of citizens from far and near to see the running of the cattle through the solution in the vat, and, subsequently, the interest with which the result was watched. It is needless to state that those who witnessed the procedure then, and the benefits resulting therefrom, were thoroughly convinced of the monetary advantage which would and did follow in the weight of the cattle, and especially in the production of quantity and quality of milk from dairy herds.

Dr. Knapp has answered certain inquiries very interestingly, and his letter, with his permission, is incorporated in this narrative with the appreciative thanks of the writer.

"Florida State Live-Stock Sanitary Board
"Tallahassee, May 24th, 1926.

"Dr. Joseph Y. Porter,
Key West,
Florida.

"My dear Doctor Porter:

"Our records show that the first dipping vat constructed in Florida was built by Mr. C. F. Barber of Macclenny, Florida, and completed February 22nd, 1913. At the present time there are over two thousand concrete dipping vats in Florida, ranging in numbers from one to over one hundred in the various counties.

"In the spring of 1915, during your tenure of office as State Health Officer, said office, cooperating with the counties of Dade, Broward and Monroe, requested the United States Bureau of Animal Industry to send a representative to that area for the purpose of conducting systematic tick eradication work. It happened that the writer was the person designated by the federal

department and stationed in Miami the first of April, 1915. There was one vat in operation in Dade County at that time, which was located on the Mrs. Joe Scales place, ten miles west of Miami, on 12th Street. Six other vats were built that year in Dade County and three in Broward County.

"Shortly after arriving in Miami, I was designated to make a survey of Monroe County and determine the character of the county, number of cattle in it and what steps would be necessary to inaugurate tick eradication there. I found, upon investigation, that all the cattle in Monroe County were confined to the Island of Key West and numbered approximately seventy head.

"One vat was built on the Island east of town, somewhere in the neighborhood of the old fort beyond Casa Marina, which was at that time used as a grazing ground. Ticks were eradicated from this area and the same released from quarantine in 1916. This area, at that time, consisted of that part of Palm Beach County lying south and west of the Hillsborough Canal, all of Broward, all of Dade and all of Monroe County. As you will probably recall, all of this work of tick eradication, above referred to, was accomplished without State law or any compulsory requirement on the part of the State or counties. In 1917, Florida Legislature passed the first Act providing for and creating the State Live-Stock Sanitary Board. Following the enactment of this law, which provided for tick eradication by vote of the people in the several counties, the work was taken up in Lake and Orange Counties and was completed and released from quarantine in 1918. These counties became reinfested the same year and were placed back in quarantine. Other counties, Osceola, Seminole, Duval, Jackson, Washington and Escambia, all attempted to conduct tick eradication work under the provisions of the 1917 and 1919 Acts, both of which provided for the local option feature and none of which ever eliminated the tick or were released from federal quarantine. In 1923, a State-wide law was enacted, creating the present State Board and providing for the conduct of tick eradication by State appropriation. Since that time, Palm Beach, Martin, Gadsden, Liberty, Jackson, Calhoun, Gulf, Washington, Bay, and that part of Holmes County east of the Choctawatchee River, and that part of Franklin County west of the Apalachicola River have accomplished the work of tick eradication and have been released from quarantine. The Board is now conducting systematic tick eradication work in Walton, Okaloosa, Santa Rosa and Escambia counties and that part of Holmes County west of the Choctawhatchee River.

"Very respectfully,

"J. V. KNAPP,
"State Veterinarian."

From the first year of its inception in 1889, to June, 1917, when the writer retired from the position of Executive Officer, the State Board of Health received an annual report from the President and the State Health Officer, covering every activity engineered during that time, and containing an accurate account of expenditures involved in its varied undertakings as well as interesting and instructive contributions from assistants in his office. In that history-making period, when medical men were engaged in effecting one of the most important discoveries of the age—that of fastening upon mosquitoes the responsibility of transmitting yellow fever—the compilation of these reports were concerned chiefly with recording these events, and having been written when many of these deeds were but just executed, contained authentic information both as to those discoveries and to the annual progress of the Board in matters of life preservation, all of which might come to be regarded in the light of ever-advancing time as historic stepping-stones in the upward trend of medicine.

These annual reports were compiled in book form by the State Health Officer during his incumbency, and were presented to the public with his compliments as a reliable record of the State Board of Health's activities for that period. Unquestionably, these volumes constituted an important reference to those interested in the achievements of health progress in Florida—a valuable library—and while not now of particular moment in a generation that has itself lived through these same happenings, in decades to come they might have been looked upon as authority for the fact that Florida made a gigantic forward stride in that day in its quest for improved health conditions. "The Land of Flowers", with its eleven hundred miles of seacoast, its proximity to the West Indies, Central and South Americas, and its lawful as well as clandestine commerce with its neighbor, Cuba, menaced daily by plagues and virulent diseases, was forced to fight an incessant war in the interests

of its health preservation. Thanks to the constant efforts of many and gallant men, who expended not only money but personal effort, often giving their lives in toll, in an unceasing attempt to banish the Spectre of Death from the threshold of Florida's seacoast, this State was made safe and sound for Floridians through the resulting strict quarantine regulations and lawful enforcement of health ordinances.

Probably no other state experienced as great a stress or as trying a time as did Florida in that decade. Like all who endure travail, to emerge with strengthened and uplifted spiritual qualities, Florida, too, passed through that tragic, fever-stricken era to come forth equipped with a surer knowledge of health values, a firmer determination to make its shores a citadel against whose defending strength the ranks of disease might battle ineffectually.

A rumor has come to the attention of the writer that many of these records which were then so painstakingly preserved in the library of the State Board of Health, as a true history of its health crusade for Florida, have since been in greater part disposed of or destroyed by someone of his successors in office, as having no especial value, and thereby constituting so much rubbish. This act is greatly deplored, since the sole aim of the Executive Officer, at that time, was to preserve these records against the time when Florida might come to be the acknowledged leader in health advancement during that period of national history when plagues, imported from foreign countries, were wont to take their toll of life in America, and its seacoast States were but just beginning to recognize the necessity for maritime quarantine control.

In answer to the repeated inquiry which was asked throughout the State, from time to time, as to "What is the State Board of Health Doing?" the State Health Officer authorized the issue of a bulletin titled "Florida Health Notes", which appeared for the first time in July of 1892. This bulletin was sent to every state board of health, Florida municipalities, doctors, and citizens who expressed a desire to receive it. It contained a resume of activities of the Board for each month, together with information and statistics on current health matters which were gleaned from every locality under the jurisdiction of that organization.

"Health Notes" was well received, and through its columns the people of Florida came to know much about its own progress in health matters. Not only were the accomplished deeds of the Board set down in black and white, but its aims and ideals were likewise published, so that when the auspicious moment for realization arrived, the citizenry of the State could not fail to cooperate through a lack of knowledge concerning the necessity or efficacy of such undertakings, and in so doing defeat measures destined to benefit the commonwealth. No longer was it necessary to await the annual report of the Board for information as to its varied enterprises and its actual accomplishments, for each month, with the advent of "Health Notes", all particulars of this nature were accurately and painstakingly reported. Today, this periodical has come to be recognized as a vital detail of the work of the State Board of Health, and is established as the standard of information for that body.

More could be written, and perhaps interestingly told if "Memory's Storehouse" could be more widely opened so that sequences hidden therein could be collectively narrated. When it is thought that everything of historical value has been told, there comes to mind other incidents of equal import. Musing in semi-siesta—"day-dreaming", if you will—upon winter's sunshiny, southern veranda, they pass in vivid review only to become hazy, vague memories with the awakening to realities; by the time the office is reached they have hastened into the realm of forgotten events and cannot be recalled. So, as the lawyer for the prosecution concludes his argument: "The State Rests"; these recollections close for awhile, anyway. If the clasp of "Memory-Scraps" is still open, and kind Providence permits, "Recollections of Medical Men in Florida, Whom the Writer Has Had the Good Fortune to Have Known in the Past Half Century", may be told in another chapter.

There are now 1,025 members in the Association. Each member is expected to send one news item each month and do his part to make the Journal interesting.

ADVANCEMENTS IN THE TREATMENT OF ATROPHIC RHINITIS WITH OZENA*

WALTER T. HOTCHKISS, M.D.,
Miami Beach.

We have chosen for our subject tonight a short discussion of the advancements which have been made in the treatment of atrophic rhinitis with ozena. This title is somewhat misleading, as these newer treatments are not truly recent (the most important having its inception about five or six years ago), but they have now reached that interesting stage when a sounder idea of the end results can be obtained.

We have all encountered these cases with their persistent, putrid odor; we have realized the crying need for relief for the victims of this disgusting affliction, but I think you will universally agree that formerly treatment only afforded a unsatisfactory degree of relief, which was usually of a very temporary nature. Any method, therefore, that promises a permanent cure or a real reduction in the amount of odor should be welcomed.

You are all so familiar with atrophic rhinitis that only a hasty review of the text-book picture will be necessary. You remember that in this condition there is an atrophy of the nasal mucosa which results in a desquamation of the epithelium and its replacement by a smooth, pale glistening membrane. The glands become obliterated, there is a relative increase in the submucous fibrous tissue and a marked arteritis-obliterans. The atrophy later extends to the bony framework and is especially noticeable in the inferior turbinate. This body often becomes so small as to be a mere nub on the lateral wall. One of the earliest locations of the process is in the olfactory portion of the nasal mucosa and is evidenced by a progressive loss in the sense of smell. The process may extend into the nasopharynx and even into the larynx and trachea. The loss of structure produced by the atrophy creates an enormous increase in breathing space. This observation assumes great importance when the surgical correction of the condition is considered.

The outstanding symptom is, of course, the frightful odor, and this assumes a major importance since these patients become social outcasts and are forced to lead a hideous existence. Social contacts are often impossible, and there develops a very introspective and morbid mental state. In pronounced cases great difficulty is experienced in earning a livelihood solely because of the terrific odor. The atrophic mucosa is covered by heavy, green, inspissated crusts which are underlayed by a muco-purulent discharge. The manual removal of these crusts often produces ulcers, septal perforations and a tendency to epistaxis. Fortunately, there develops a loss of the sense of smell, particularly for their own ozenic odor. These patients exhibit surprisingly little ill health and it is generally assumed that there is a minimum of toxic absorption from the condition.

A multitude of causes have been advanced, but even today there is no conclusive evidence of a lone causative factor. It occurs more often in girls than in men; it usually makes its appearance in the early teens and rarely begins after the twenty-fifth year. Although it is probably not a heriditary disease, it often occurs in several brothers and sisters in a family. It is not infectious, contagious, nor are tuberculosis or lues the causative agents.

A number of organisms have been described, among them the bacilli of Lowenberg, bacillus fœtidus and the cocobacillus. A diphtheroid organism is found in about 15% of the cases. The spirillum of Vincents is often present. However, none of these are generally accepted as the primary agent. It has been noted that in cases of injury to the trigeminal nerve, especially the sphenopalatine branch, a typical atrophy with some ozena may develop. This suggests a trophic factor. It has been contended that chronic nasal infections in childhood, especially in the posterior group of sinuses, is the exciting cause, but many cases are seen in which ozena develops in a nose absolutely free from previous nasal trouble.

At present we must be content with the explanation that ozena is probably produced by a combination of causes: infective, trophic and constitutional.

If the suggested causes are multitude the attempted forms of treatment are legion. We may almost say that therapeusis has been instituted from every conceivable angle. While sporadic cures and improvements have been reported, the great mass of patients derived little or no benefit. I have condensed the conservative forms of

*Read before the Dade County Medical Society, June 4, 1926.

treatment that have been used into three main groups with no attempt to mention all the different methods. First: All manner of nasal douches, antiseptics and deodorants. While in general these gave the most satisfactory results, the benefits were too temporary. I have known patients who found it necessary to irrigate with a strong deodorizing solution three times a day that they might be tolerated by their fellow men. Second: Nasal massage and stimulating treatments such as electro-therapy, intended to overcome the obliterating endarteritis. Third: Vaccines of many types were developed but none gave satisfactory results. Surgery was usually directed towards the sinuses on the assumption that sinus disease was the basis of the trouble. Considerable relief was sometimes obtained in those cases where the atrophy had invaded the sinuses and there was an accumulation of crusts, by establishing permanent drainage and increasing the accessibility of the sinuses for daily treatments. However, the original nasal atrophy remained unchanged. An example of the more radical surgery, which was resorted to in bad cases, was that in which Stenson's ducts from the parotid glands were transplanted into the antra. This produced a constant flow of saliva through the nose and was, in effect, a continual nasal irrigation. It needs no stretch of the imagination to realize the unsavory nature of the result.

From all this mass of earnest but generally ineffectual work, however, there have developed two main methods of attack which are proving clinically to be a real advance in the treatment of this condition.

It was finally noted that the secondary infection, for it is generally agreed that the infective component is secondary and not primary, found difficulty in growing in a media containing a fairly low percentage of sugar. From this has developed the so-called "glucose treatment" for ozena. This consists in first thoroughly removing the crusts by irrigation, or forceps if necessary. The nose is then packed completely with a syrupy solution of ordinary brown sugar. This is left in place about six hours and can be removed by the patient at the end of that time. He is instructed to use a daily saline nasal irrigation at home. In two days he returns and the "glucose pack" is again inserted, to be removed as before. Now, depending on the severity of the atrophy, he can be allowed to assume more and more of the treatment at home. At first this consists of the daily irrigation followed by the instillation of the sugar himself. This is accomplished by having the patient snuff up a pinch of ordinary brown sugar into each nostril. At first this produces some irritation but they soon become accustomed to it. In many cases an improvement will soon be noticed, and when the patient finds that he is free from odor throughout the day it is advisable to modify the treatment, using the irrigation and glucose every other day. In this way it is often possible to keep the patient in an acceptable condition and yet reduce the number of treatments to one or two a week. I have never seen a permanent cure by this method, but there have been some gratifying results which could not be obtained by any of the older methods.

There have various modifications of this method been devised. On the continent and in England other sugars are used (fluid honey, for example) and the results are much the same as ours.

You will find that this glucose treatment will handle cases that are intractable under the older methods and that many patients are made completely happy and are not bothered by the comparatively infrequent home treatments. On the other hand, occasionally we meet a case which at first would seem to offer good chances for cure (one with no excessive odor or crusting) which will not respond to the glucose or any other form of conservative treatment. For these cases, and also the more pronounced ozenas, we are forced to adopt a more radical procedure.

For these types of the disease we now have available a surgical measure far superior to anything we had to offer in the past. About six years ago Halle became convinced that improvement might be expected if the excessively wide breathing space, due to the atrophy of the lateral wall structures, could in some way be narrowed. This he did in the operation which bears his name. It is essentially a method of separating and fracturing the side walls of the nose inwards and holding them in their new position by allowing adhesions to form between them and the nasal septum. It is usually done under local anesthesia by nerve block. An incision is made through the nasal mucosa beginning just in front of the anterior end of the middle turbinate and extended vertically downward in front of the inferior turbinate to the floor of the nose. The

mucous membrane under the inferior turbinate and that of the floor of the nose is now elevated away from those bodies. By means of a chisel this vertical incision is now carried through the bone into the antrum, the bony incision being extended upwards as far as the roof of the antrum and downward to a point just below the anterior end of the inferior turbinate. From this point the chisel separates the lateral nasal wall in a horizontal direction back to the posterior wall of the antrum. We now have the lateral nasal wall hanging only by its attachment to the ethmoid area above and posteriorly. A strong blunt elevator is now introduced into the antrum through this opening and strong pressure applied to the remaining attachment of the lateral wall from the antral side until it is fractured into contact with the septum. The nasal mucosa of the lateral wall and of the septum, which has been brought into contact by this manipulation, is now scarified to promote the formation of adhesions.

The same steps are followed on the opposite side. The side walls are held in apposition to the septum either by packing both antra or by passing a mattress suture from one lateral wall to the other through the septum. After the adhesions have formed a pronounced diminution in the odor will be noticed and the crust formation will be replaced by a mucopurulent discharge. Examination will soon show that there is considerable tension on the adhesions and that the lateral walls are pulling away from the septum. This secondary widening provides an adequate breathing space and good intranasal drainage. The mucopurulent discharge persists for some time, but gradually diminishes, sometimes disappearing entirely, but often remaining in quantities sufficient to require an occasional irrigation. What is more important, however, is the fact that if adhesions hold, the prognosis for the disappearance of the odor is excellent.

Should the lateral wall tension become too great it will tear down the adhesions and require a secondary operation, which is a comparatively simple procedure. The most common complication is a tendency to abscess formation in the lachrymal sac due to interference with the lachrymal duct in the region of the inferior turbinate. In the cases I have encountered, simple incision and drainage have sufficed for permanent relief.

Our oldest cases are about three years post-operative. Of the twenty cases done, fourteen show a practically complete relief from odor, three are markedly improved, two are only partially relieved and one was a total failure, due to an inability to make the adhesions hold after repeated attempts. In the cases in which the odor entirely disappeared there was also an almost complete cessation of discharge, and in the others the amount of residual odor was proportionate to the amount of discharge. Halle has a large number of cases that are five years post-operative and reports that they remain improved.

One of the cases showed a very extensive involvement, the crusts being present in the pharynx, larynx and trachea as well as in the nose. Besides the pronounced odor there was a dry cough and a marked hoarseness. Following the Halle operation she made a very satisfactory recovery, the crusts, cough and hoarseness entirely disappearing, only a small amount of mucoid discharge being noticeable.

Lautenschlager has devised a modification whereby the work is done through an antral route, but the principle involved is the same. Pollack constricts the breathing space by implanting septal cartilage (taken from a previous sub-mucous operation) under the mucosa of the nasal floor and lateral wall. He has also used costal cartilage and reports good results. My experience has been entirely with the Halle operation, however.

I have been in the habit of trying out all new cases of atrophic rhinitis on the "glucose treatment" first, and if the patient obtains enough relief and is satisfied with the prospect of continuing a comparatively simple nasal toilet throughout their lives, the surgical measure is not considered. In this connection it is well to note that the treatment by glucose will begin to show results early in those cases where it is efficacious, so that a good opinion can be obtained after a very few weeks of observation. Should you become convinced that the desired progress is not being made, I believe that the Halle operation offers such a good prognosis that it should be very seriously considered.

CASE REPORT; SWALLOWED FOREIGN BODY, CAUSING MARKED EMPHYSEMA*

JOHN A. BEALS, M.D.,
Jacksonville.

The patient's history is short and tragic. He was a married man, age 47, in good health. On March 18th he swallowed a piece of oyster shell which he thought lodged in his throat. It is said by a member of his family who accompanied him that he consulted a doctor who used some kind of instrument in his throat; an esophageal probang, apparently. His pain and difficulty in swallowing were not benefited, but grew worse, and he began to experience considerable dyspnœa. The following day he came by train to Jacksonville, but his condition grew so critical that at one time the train crew waited while medical assistance was sought.

When first seen at the Riverside Hospital, twenty-four hours after swallowing the shell, he was in extremis, cyanotic, cold and almost pulseless, unconscious and gasping at rather lengthy intervals, the respiratory effort being peculiarly short and ineffectual. Subcutaneous emphysema was plainly seen and felt in tissues of neck, shoulders, upper arms and upper part of chest.

An X-ray film was exposed which failed to demonstrate the piece of shell, but showed a remarkable picture of emphysema, with evidence of patchy consolidation in both lungs. The mediastinal shadow is peculiarly broad.

The patient's evident respiratory obstruction and his dying condition demanded an emergency tracheotomy, which was done on the X-ray table by Drs. Knauer and Heggie. Palpation with finger in tracheotomy opening, discovered no obstruction; the vocal cords did not obstruct. However, immediately on opening the trachea the patient breathed more freely and continued to breathe with comparative ease through the tracheatomy tube. His pulse and color improved rapidly. Before leaving the table he apparently became partially conscious.

On the following day he was fully conscious, able to talk, but with difficulty on account of his tracheal tube. He appeared greatly improved, possibly destined to recover. However, physical examination gave evidence of a well-established pneumonia. His fever rose from 101 degrees to 104 degrees; pulse 112 to 140. An X-ray film showed an increase of the patchy consolidation, but a marked decrease in the width of the mediastinal shadow as well as in the subcutaneous emphysema.

The patient died on the night following his tracheatomy, the immediate cause of death being not clearly established.

This patient presents a rare, but tragic, consequence of a sharp foreign body lodged in the esophagus. It is evident that perforation occurred with communication, in some way, with the respiratory tract, hence the very marked subcutaneous emphysema. His pneumonia was probably due to aspiration of esophageal or regurgitated gastric contents. I believe the widened X-ray shadow of the mediastinum is due to emphysema in these tissues which would occur even though the perforation were high in the neck, as the superior mediastinum is continuous with the fascial compartment which incloses the trachea and esophagus. The fascial sheath which bounds this compartment is limited above by its attachment to the hyoid bone and below by its continuation with the pericardium. Within this compartment, therefore, the emphysema must have been greatest and its pressure have most depressed the function of important structures, such as the great vessels of the neck, the vagi, the sympathetic trunks and recurrent laryngeal nerves. As no obstruction could be felt upward through the tracheatomy opening, it is conceivable that the patient's relief from respiratory embarrassment came from opening this fascia as well as giving him a more direct respiratory passage.

*Presented before Riverside Hospital Staff, Jacksonville, Fla., May 25, 1926.

ERRATA

Through error, Doctor J. D. Love's discussion of Doctor William Ewing Sinclair's paper entitled "Eczema in Infancy and Childhood", read before the fifty-third annual meeting of the Florida Medical Association, held at Gainesville, was not returned to Doctor Love for correction, and for that reason some discrepancies have been called to the editor's attention. It is for this reason that we are publishing herewith the discussion as it appeared in the July issue of the Journal, followed by part of the discussion as corrected by Doctor Love. The Journal wishes to apologize to Doctor Love for the error.

Dr. J. D. Love, Jacksonville:

"I thoroughly agree with both Dr. Sinclair and Dr. Spengler as to the futility of the skin test in determining the cause of eczema. That has yet to be proven.

"As far as the breast-fed child is concerned, we practically never see a case of eczema, except in the case of a child that is being over-fed. It is the large, obese child, in most cases, that is suffering with eczema. I doubt very much if any one or more of the food elements play any important part in the production of this. That still remains to be proven.

"In the treatment of these eczemas of the breast-fed, probably the most efficacious measure is extending the interval between feeding and cutting down of the fluid intake, at the same time strengthening the skin by cleansing it with either olive oil or liquid albumin. As a matter of fact, it is my opinion that there is only one form of dry eczema in childhood, and that is the so-called exudative diathesis of children.

"We also have an eczema that is presumably caused by hyperthyroidism, which is closely related to the diathesis of children. Most of the so-called cases of exudative diathesis are simply that of dermatitis, caused by some local irritant. You can almost always diagnose a case of eczema due to hyperthyroidism from the fact that it exists mainly about the neck and chest, and is accompanied by certain cracking of the skin of the hands and palms. We have no real eczema of hands or feet. The so-called eczemas of this portion are due to a fungus and responds to almost any rational form of treatment. The so-called papular form of eczema about the feet and hands is either due to a luetic condition or scabies.

"I would emphasize the warning of Dr. Sinclair and Dr. Spengler concerning the extensive use of tar ointments. It is a very good general rule to follow not to apply tar ointment to more than one-fourth of the body at a time. Eczema in a baby is somewhat comparable to the vomiting of pregnancy—what would heal a case this month would have practically no effect on a case two or three months after that. Practically anything will cure certain cases of eczema and almost everything will fail in other cases."

Following is that part of the discussion which includes the discrepancies referred to:

In the treatment of eczemas of the breast-fed, probably the most efficacious measure is extending the interval between feedings and cutting down the fluid intake, at the same time cleansing the skin with either olive oil or liquid albolene. As a matter of fact, it is my opinion that there is only one form of true eczema in childhood, and that is the so-called exudative diathesis of Czerny.

We also have an eczema that is presumably caused by hypothyroidism, which is closely related to the diathesis of Czerny. Most of the so-called cases of exudative diathesis are simply that of dermatitis, caused by some local irritant. You can almost always diagnose a case of eczema due to hypothyroidism from the fact that it exists mainly about the neck and chest, and is accompanied by a certain cracking of the skin of the soles and palms.

STATE BOARD OF HEALTH NOTES

Did you read the July Health Notes, or are you in the same position two city officials were when they were asked why their city had such a high infant death rate?

That number contained an article on the care of biologics and stated what biologics were furnished by the State. It also asked for the co-operation of all physicians to the end that antitoxin be so kept as to produce the best results.

There was a summary of the examinations made in the laboratories and a list of the bilogics sent out; an article on Summer Diarrhea; one on the Care of the Pre-school Child; one on Oysters and one on Infant Mortality, and tables showing Number of Deaths Under One Year and Rates per 1000 Living Births by Counties and by Cities. These tables are worthy of careful study.

Dr. W. A. Claxton, who has been with the State Board of Health for a number of years, recently as medical officer on the lower East Coast, has resigned and been made Chief of the Division of Health, Department of Public Welfare, Miami.

There are in Florida forty-six members of the American Public Health Association. Of these, eleven are fellows.

All who are interested in public health work are eligible to membership, and all such will do well to join.

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THE ACCIDENTAL INSUFFLATION OF STEARATE OF ZINC

For quite some time reports have been coming in of cases of stearate of zinc poisoning, with a mortality rate of about 21%. In spite of this condition, manufacturers are still placing this product on the market, and these accidents continue.

There is, indeed, no doubt in my mind that many of the cases are not detected, and the child dies from an acute pneumonia, cause of pneumonia not known due to a lack of knowledge of the laity of the dangers of this drug and the failure of the physician to make a definite inquiry in regard to the use of stearate of zinc in the nursery.

This obstacle has occurred in my own practice, and on one occasion was not revealed until a small child mentioned the fact that the baby had a can of powder, was playing with it and some powder was poured in his face.

The committee from A. M. A., appointed to

report on this matter, found that stearate of zinc does not possess any material advantage over other dusting powders, and recommended that a safety cap be used on the containers. A safety cap does not appear to be a safe procedure, because the cost of product must be kept at or near the same price as other products, so the safety device would necessarily be ineffective. Few of the manufacturers are observing this precaution and continue to dispose of stearate of zinc in the old style container.

It seems there should be some means to prohibit the sale of this product, but while this is being done, the medical profession should not lose any opportunity to educate the public to the dangers of stearate of zinc. Used mildly, and as prescribed, it is apt to cause bronchitis and irritation of the upper air passages. Therefore, it should be branded as dangerous and condemned by the profession. The value of any dusting powder, as generally used, is of questionable value, and the sooner this is generally appreciated, will be seen a diminution of dermatitis and irritation of the upper air passages.

STATE NEWS ITEMS

RE-ORGANIZATION, TRI-COUNTY MEDICAL SOCIETY

The Tri-County Medical Society, embracing the counties of Indian River, Okeechobee and St. Lucie, was re-organized at Fort Pierce, Florida, on the evening of July 22, to include the newly formed County of Martin. The Society hereafter will be known as the Four-Counties Medical Society. The newly elected officers are: Dr. H. C. McDermid, of Okeechobee, President; Dr. J. W. Bishop, of Fort Pierce, Vice-President, and Dr. G. C. Hardie, of Fort Pierce, Secretary.

Dr. H. Mason Smith, of Tampa, President of the Florida State Medical Association, was present and delivered an excellent address in behalf of organized medicine. Particular stress was laid by him on the importance of the individual members working in harmony for the welfare of the Society, stating that no element of personal jealousy or animosity should be allowed to prevent everything being done for its betterment.

The Palm Beach County Medical Society was present in a body, and had the honor of acting as host at a dinner given by them at the New Fort Pierce Hotel, in honor of President Smith. Dr. R. O. Cooley, of West Palm Beach, President of the Society, acted as Toastmaster, introducing Dr. Smith in a most complimentary speech. Others speaking during the evening were: Dr. J. G. DuPuis, of Lemon City, Councilor from the 11th District; Dr. Leon Ashley Peek, of West Palm Beach, and Dr. John E. Hall, of West Palm Beach, Councilor from the 15th District. Dr. Peek gave an interesting talk relative to his recent tour of Europe, with the Inter-State Post Graduate Clinic Assemblies of North American Physicians in Europe, 1926. His description of the various countries and clinics visited was very attentively received and was instructive in character.

Other out-of-town visitors were: Drs. Page, of Cocoa, and Babcock, of Miami. Dr. Shaler A. Richardson, of Jacksonville, Secretary of the State Medical Association, was to have been present, but sent a telegram of regret.

The Four-Counties Medical Society should be one of the most active in the State, as it is composed of twenty-five of the leading physicians of Florida.

The success of the meeting was due, in a large measure, to the special efforts of Drs. Wm. J. Buck, George M. Dawson, W. E. Vanlandingham, of West Palm Beach, and G. C. Hardie, of Fort Pierce, former Secretary of the Tri-County Society.

The following program was rendered at the Quarterly Meeting of the Second District Medical Society, held at Tallahassee, Wednesday, July 14th, at three P. M.:

PROGRAM

1. Vasomotor Rhinitis—Dr. Hal M. Davison, Atlanta, Ga.
2. Congenital Pyloric Stenosis—Dr. J. C. Davis, Jr., Quincy, Fla.
   Discussion led by Dr. J. Q. Folmar, Chattahoochee, Fla., and Dr. J. K. Johnston, Tallahassee, Fla.
3. Pyelitis in Infancy and Childhood—Dr. J. B. Brinson, Jr., Monticello, Fla.
   Discussion led by Dr. J. B. Glover, Monticello, Fla., and Dr. W. C. McConnell, Chattahoochee, Fla.
4. Vincents Infection—Dr. J. C. Inman, Chattahoochee, Fla.
   Discussion led by Dr. J. Q. Folmar, Chatta-

hoochee, Fla., and Dr. O. G. Kendrick, Tallahassee, Fla.

5. Diarrheas of Infancy—Dr. F. Clifton Moor, Tallahassee, Fla.
   Discussion led by Dr. H. E. Palmer, Tallahassee, Fla., and Dr. L. L. Dozier, Tallahassee, Fla.

Lake Bradford Frolic at 7 P. M. Picnic Supper at 8 P. M.

DIPLOMAS GIVEN TO FIFTEEN NURSES FROM ST. LUKE'S HOSPITAL, JACKSONVILLE

Fifteen nurses were graduated recently from the training school of St. Luke's Hospital, at the Woman's Club, with impressive ceremonies.

Those receiving diplomas were Miss Annie James Adams, Miss Eleanor Virginia Edwards, Miss Esther Fixter, Miss Ella Maye Hayes, Miss Mary Francis Highsmith, Miss Annie Belle Pullen, Miss Helen Pauline Edwards, Miss Willie O'Neta McEwen, Miss Willie Maybelle Meyer, Miss Ruby Estelle Lanz, Miss Mabel Carey Richards, Miss Ouida Bomralyn Durrance, Miss Jimmie Maue Fletcher, Miss Amy Imogene Parker, and Mrs. Hazel Isbell Waldo.

Dr. J. T. Sandlin, of Tampa, has just returned from New Orleans, La., where he attended the wedding of his niece.

The Orange General Hospital has let a contract for forty-five additional private rooms, to be completed this fall, giving them a capacity of one hundred fifty beds.

Dr. T. M. McDuffie, of Manatee, has returned from a ten-day visit at the Clinics of the University of Maryland.

Dr. R. M. Harris, of Miami, was married to Miss Leah Kraft, of Bloomington, Ill., on June 29, 1926.

Dr. L. C. Ingram, of Orlando, left recently for a two months' vacation.

Dr. C. H. Bryan, of Bradenton, returns soon from a two months' visit to Chicago and New York.

Dr. K. Y. Sinclair has removed his offices from Winter Park to the Clinic Building, Orlando, Florida.

The Medical Board of the Orange General Hospital elected the following officers for the coming year:

Dr. L. C. Ingram, President; Dr. C. D. Christ, Vice President; Dr. Meredith Mallory, Secretary and Treasurer.

Dr. F. D. Gray, of Orlando, was operated July 16th for acute appendicitis.

Dr. Sylvan McElroy, city physician of Orlando, has been sojourning in North Carolina.

DUVAL COUNTY MEDICAL SOCIETY REACHED THE 100% LIST SINCE THE LAST JOURNAL WAS PRINTED, HAVING THE STATE DUES OF ALL MEMBERS FULLY PAID. IN ADDITION TO THE ENTIRE MEMBERSHIP HAVING 100% OF STATE DUES PAID, THE DUVAL COUNTY MEDICAL SOCIETY HAS THE DISTINCTION OF HAVING THE GREATEST NUMBER OF PAID MEMBERS.

Dr. L. A. Peek, of West Palm Beach, has just returned from the International Post-Graduate Clinic, visiting hospitals and clinics in France, Germany, Belgium, Holland, Italy, Czecho-Slovakia and Switzerland. A most delightful and profitable trip is reported by Dr. Peek.

A number of citizens in Mandarin, Florida, are pleading for a physician to locate in their community. Doctor L. G. Haskell succeeded the late Doctor Kennedy, but has accepted the position of director of physical education for the University at Gainesville.

Doctor John A. Simmons, who has fully recovered his health after an illness of several months, wishes to announce the re-opening of his office at Room 408 Huntington Building, corner S. E. Second Avenue and First Street, Miami, Florida. Surgery and Gynecology.

Doctor P. M. Lewis, of Orlando, has returned to his office after an extended trip attending Eye, Ear, Nose and Throat Clinics in New York and Philadelphia.

Doctor G. H. Edwards, of Orlando, has returned from his trip north, where he attended his class re-union at Yale, and the Kiwanis Convention in Montreal.

Dr. W. N. Parkinson, of St. Augustine, has just returned from Philadelphia, where he ad-

dressed a reunion at his Alma Mater, Temple University Medical School.

The next examination given by the American Board of Otolaryngology will be held in Denver, Colorado, at the University Hospital, on Monday, September 13, 1926. Application should be made to the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Mo.

An addition is being built to the clinic building owned by Drs. McEwan and Edwards, of Orlando, increasing its facilities.

Dr. Franklyn Thorpe, of Tampa, is again at his office in the Lafayette Building after a successful operation at the Bayside Hospital for appendicitis.

On July 2nd, the Dade County Medical Society held its Annual Banquet at the Miami City Club, about sixty-five members attending. After the Banquet the program consisted of a paper on "Tetanus", followed by a discussion as to the various methods of treatment. Dr. Lustgarten demonstrated a case of "Common Iliac Trombosis as a Sequela of Chickenpox", a most unusual case—in fact, the only one recorded in the medical literature.

Dr. J. M. Davis, genial and efficient secretary of the 100% Manatee County Medical Society, has returned from a visit to friends, relatives, and maybe his sweetheart in South Carolina.

Dr. J. A. Pines, Roentgenologist for the Orlando Clinic, is in the North for a few months, taking a special course in his specialty.

Dr. Ferdinand A. Vogt, of Miami, was married to Miss Marion Wheeler, of Atlanta, Ga., on June 10, 1926.

Dr. M. M. Harrison, of Palmetto, left recently for a six weeks' course at the New York Post-Graduate School.

Dr. C. D. Christ, of Orlando, has returned from Maryland where he has a large farm.

The Dade County Medical Society has retained the services of the law firm of Price & Price to handle the legal aspect of certain cases of unlicensed practitioners and cultists of this community. The Health Department of Miami has handled a number of these cases and is showing hearty cooperation in ridding their community of those who do not wish to abide by law and order in our profession.

Dr. J. F. Mason, of Bradenton, leaves the 31st of August for a six weeks' course at the New York Polyclinic.

LEE COUNTY MEDICAL SOCIETY FORWARDED A CHECK TO THE BUSINESS OFFICE RECENTLY WHICH COVERED THE STATE DUES FOR THE LAST MEMBER IN ARREARS. THE LEE COUNTY MEDICAL SOCIETY IS, THEREFORE, SHOWN ON THE 100% LIST.

Dr. O. M. Knox, of St. Petersburg, Florida, died at Chateau Thierry, Friday, July 15, following a fractured skull as a result of an automobile accident. Doctor Knox and family were touring Europe when the accident occurred. Doctor Knox had just returned from Vienna where he had been taking special work in the treatment of the diseases of children.

Dr. Knox served as a medical officer in the navy during the World War, and for the greater part of the time was stationed at the Great Lakes naval station near Chicago. He had been a prominent physician in Chicago before the war and was one of the first to offer his services to the nation.

Dr. Knox was born in 1884, and as a boy lived in Texas. He was a graduate of the Illinois Medical school, Chicago, in the class of 1907. He came to St. Petersburg in the summer of 1919, after being mustered out of the navy at the close of the war. He had practiced there since that time. He was president of the Pinellas County Medical Society in 1924 and had a very extensive practice, specializing in children's diseases. His office was in the Power & Light building, where he was associated with Dr. Thomas R. Griffin.

Doctor Lauchlin M. Rozier, of West Palm Beach, was married to Miss Harriet S. Whitworth, of Palm Beach, on June 23rd.

Class of 1926 of the Bayside Hospital, Inc., Training School for Nurses, held their fourth annual commencement exercises Friday evening, May 21st, at eight o'clock, at the Tampa Yacht and Country Club.

Solos—Mr. H. Grady Daniels: (1) "A May Morning"—Denza; (2) "When the Heart is Young"—Dudley Buck.

Address—Dr. L. F. Carlton.

Solos—Miss Edmonia Elliot: (1) "Gypsy Love Song"—Victor Herbert; (2) "Night of Love"—B. DeSylva.

Presentation of Diplomas — Dr. John S. Helms, Pres. of Bayside Hospital.

The Nightingale Pledge—Graduating Class.

Presentation of School Pins—Miss Olive E. McMullen, R. N., Supt. of Nurses.

Major E. H. McRae, M.C., of Tampa, Florida National Guard, resigned on June 3, 1926. He had been in command of the Medical Detachment of the 116th Field Artillery since January, 1924. The vacancy was filled by Maj. George E. W. Hardy, M.C., of Tampa, who served as Captain under Major McRae during that time. The Medical Detachment will accompany the regiment on their annual Summer encampment at Camp Jackson, Columbia, S. C., from July 31st to August 15th. Following the encampment Major Hardy will spend two weeks visiting clinics in Baltimore.

Doctor G. F. Highsmith and wife, of Arcadia, are visiting in Georgia, North Carolina and Virginia. While in Virginia Doctor Highsmith plans to take some post-graduate work in Richmond.

Doctor William Erastus Sherman and Miss Mary Etta Folsom Abbott were married on Easter Sunday, the fourth of April, at Sebring, Florida. Doctor Sherman practices in Winter Haven and Miss Abbott was formerly health nurse in the Winter Haven District. Doctor and Mrs. Sherman recently left for Boston, where the doctor will spend two months doing post-graduate work at the Massachusetts General Hospital.

PALM BEACH COUNTY MEDICAL SOCIETY REACHES THE TOP! A GREAT DEAL OF ACTIVITY HAS BEEN NOTED AMONG THE MEMBERSHIP OF THE PALM BEACH COUNTY SOCIETY, NOT ONLY IN THEIR OWN TERRITORY, BUT REACHING OUT INTO NEIGHBORING SOCIETIES. A CHECK WAS RECEIVED RECENTLY COVERING THE DUES FOR THE LAST MEMBERS OF THE PALM BEACH SOCIETY WHO WERE IN ARREARS, AND THE SOCIETY IS, THEREFORE, ON THE HONOR ROLL OF THOSE SOCIETIES SHOWING STATE DUES PAID FOR THE ENTIRE MEMBERSHIP.

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SCHEDULE OF MEETINGS—COMPONENT SOCIETIES
FLORIDA MEDICAL ASSOCIATION

County Society	Secretary	MEETINGS				Dues Paid
		Date	Time	Place	Luncheon?	
Alachua	W. Lassiter, M.D., Gainesville.					70%
Bay	J. M. Nixon, M.D., Panama City.					100%
Bradford	Seeber King, M.D., Lake Butler.					100%
Brevard	R. D. Ferguson, M.D., Titusville.					100%
Broward	Leigh F. Robinson, M.D., Ft. Lauderdale.	2nd Tuesday	8:00 P.M.	Chamber of Commerce	No.	100%
Columbia	L. J. Arnold, M.D., Lake City.					82%
Dade	G. Raap, M.D., Miami.	1st Friday	8:30 P.M.	Miami City Club	Occasionally.	81%
DeSoto	C. H. Kirkpatrick, M.D., Arcadia.	1st Monday	8:00 P.M.	Hospital	No.	75%
Duval	Louie Limbaugh, M.D., Jacksonville.	1st Tuesday	8:15 P.M.	Arnold-Edw. Auditorium	No.	100%
Escambia	Herbert D. Snyder, M.D., Pensacola.	1st Tuesday	8:00 P.M.	Board of Health Building	No.	95%
Four Counties	G. C. Hardie, M.D., Ft. Pierce.					20%
Hillsboro	B. W. Lowry, M.D., Tampa.	1st and 3rd Tuesdays	8:00 P.M.	City Hall	No.	96%
Jackson	R. L. Kennedy, M.D., Malone.	2nd Tuesday	3:00 P.M.	Marianna	No.	96%
Lake	S. C. Colley, M.D., Tavares.	2nd Monday	12:30 P.M.	Biltavern Hotel	Yes.	100%
Lee	H. Quillian Jones, M.D., Ft. Myers.	3rd Friday	7:30 P.M.	Lee Memorial Hospital	No.	100%
Manatee	J. M. Davis, M.D., Bradenton.	1st and 3rd Tues. Oct. to May; 2nd Tues. May to Oct.	7:00 P.M.	Dixie Grande Hotel	Yes.	100%
Marion	J. L. Chalker, M.D., Ocala.	3rd Thursday	12:30 P.M.	Harrington Hotel	Yes.	90%
Monroe	G. R. Plummer, M.D., Key West.					88%
Orange	M. M. Andrews, M.D., Orlando.	3rd Wednesday	8:30 P.M.	Announced	No.	89%
Palm Beach	W. O. Arnold, M.D., W. Palm Beach.	2nd Monday	8:00 P.M.	Monterey Hotel	Yes.	100%
Pasco	T. F. Jackson, M.D., Dade City.	2nd Tuesday	8:00 P.M.	Varies	Yes.	91%
Pinellas	O. O. Feaster, M.D., St. Petersburg.	Every 2nd Friday	8:00 P.M.	Fla. Art School	No.	99%
Polk	Herman Watson, M.D., Lakeland.	2nd Wednesday in Feb., Apr. June, Aug. Oct., Dec.	1:00 P.M.	Lakeland	Yes.	91%
St. Johns	I. M. Hay, M.D., St. Augustine.	3rd Monday	8:30 P.M.	Varies	Yes.	91%
Sarasota	F. Metzger, M.D., Sarasota.					100%
Second District County Medical Society	F. Clifton Moor, M.D., Tallahassee.	Quarterly	3:00 P.M.	Varies	Yes.	88%
Sumter	W. E. Mitchell, M.D., Coleman.	2nd Tuesday		Selected	No.	86%
Taylor	R. J. Greene, M.D., Perry.	Last Thursday	12:15 P.M.	Eldorado Cafe	Yes.	78%
Volusia	R. L. Miller, M.D., Daytona Beach.	2nd Tuesday	7:30 P.M.	Varies	Yes.	88%
Walton	D. H. Simmons, M.D., DeFuniak Springs.	3rd Thursday	8:00 P.M.	Varies	Occasionally.	88%

NOTE

(Secretaries: Please submit information to complete the above schedule.)